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VIA FACSIMILE: (571) 273-8300

PATENT
RAN01 P-309A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group : 3677
Examiner : Michael J. Kyle
Applicants : James Kiefer and Robert N. Alt, Jr.
Serial No. : 10/650,628
Filing Date : August 28, 2003
For : AUTOMOBILE HINGES

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile: (571) 273-8300

Dear Sir or Madam:

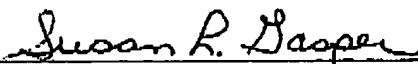
CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Transmittal Sheet (1 page, in duplicate)
2. Response (12 pages)

YOU SHOULD RECEIVE A TOTAL OF 15 PAGES.

Date: April 21, 2006



Susan L. Gasper
Van Dyke, Gardner, Linn & Burkhart, LLP
2851 Charlevoix Drive, S.E., Suite 207
P.O. Box 888695
Grand Rapids, Michigan 49588-8695
(616) 975-5500

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Alexandria, VA 22313-1450
Via Facsimile: 571-273-8300

Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.
The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 34	Minus	** 38	= 0	x \$25	\$.00	x \$50	\$ 0.00
Independent Claims	* 4	Minus	*** 4	= 0	x \$100	\$.00	x \$200	\$ 0.00
First Presentation of Multiple Dependent Claims					\$180	\$.00	x \$360	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$.00		\$ 0.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application has been established.
2. ☒ No additional Fee is required.
3. ☐ A check in the amount of \$_____ is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.
A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: April 21, 2006

By



Timothy A. Flory, Registration No. 42 540

2851 Charlevoix Drive, S.E.

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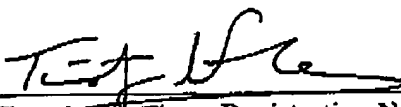
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**RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE EXAMINING GROUP 3677**

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Dear Sir:

RESPONSE

This is in response to the Office Action mailed February 24, 2006.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 11 of this paper.